

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 02/04/2018 15:03	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18005987/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SL45963K	i-Motor Claim Form: MT/0988650	3/4/18	10:00
D.O.A: 01/04/2018 18:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD TP: Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: JQW3429	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1802033	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR : Re-inspection \$75		
at 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/04/2018 15:03
Date Of Accident	01/04/2018 18:50
Exact Location Of Accident	KJE BEFORE BRICKLAND EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5963K
Insured/Policyholder	
Name Of Registered Owner	FERME VEHICLES RENTAL LLP
Co Reg No	T17LL0525A
Email Address	DENNISTAN684@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90778739
Alternative Phone No	OFFICE-90778739

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091887996
Cover Note Number	

Driver

Name of Driver	TAN KIET HILL (CHEN JISHAN)
NRIC No	S7316623C
Date Of Birth	12/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90778739
Fax Number	
Contact Number	OTHERS-90778739
Email Address	DENNISTAN684@GMAIL.COM

Address	BLK 411A FERNSVALE ROAD #05-84
Postcode	791411
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180401/2097

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQW3429
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

<p><i>x</i></p> <p>Perme Vehicles Rental LLP UIC No : T17LL0525A</p> <hr/> <p>Policyholder's Signature Date & Time:</p>	<p><i>[Handwritten Signature]</i></p> <hr/> <p>Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p><i>[Handwritten Signature]</i> 2/4/2018</p> <hr/> <p>Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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**SINGAPORE
POLICE FORCE**



T/20180401/2097

1 of 3

Report No. T/20180401/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2018 23:12	Vide Report No.: J/20180401/0197	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN KIET HILL			Address: APT BLK 411A FERVALE ROAD #05-84 SINGAPORE 791411		
ID Type / ID No.: NRIC NO / S7316623C			Contact No.: Home/Office:		Mobile: 90778739
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 12/05/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2018 18:50	Type of Location:
Location: Along Road 1 KRANJI EXPRESSWAY BEFORE BRICKLAND EXIT				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU5963K	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT		Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180401/2097

2 of 3

Report No. T/20180401/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	TAN KIET HILL	ID No.	S7316623C
Related Vehicle	SLU5963K (Car)	Contact No.	90778739
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 1/4/18 at about 1855hrs

While driving along KJE on the most right lane I wanted to turn left to change lane. While changing lane I suddenly saw a motorbike very close to me, I braked straight away but the road was slippery due to rain. my car then skidded and hit onto the rider



**SINGAPORE
POLICE FORCE**



T/20180401/2097

3 of 3

Report No. T/20180401/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

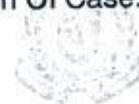
Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/04/2018 23:12

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

Reported on 2/4/2018 @ 1330hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 01/4/2018 (DD/MM/YYYY), TIME: (18:50) (HH:MM)

LOCATION: Kranji Expressway Before Brickland Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 5963K
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90778739
- c) ADDRESS: _____

* No of passengers (including driver) (3)

1 - male
1 - Female

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rain)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) _____
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JQW3429 MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) ()

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) ()

dennistan684@gmail.com

email = ~~dennistan684@gmail.com~~
dennistan684@gmail.com

fax = _____

98774495
ferme vehicles
@gmail.com
ferme vehicles
@gmail.com

Waiting for vehicle photos?
& company chop? ✓

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7316623C



Name
 TAN KIET HILL
 (CHEN JISHAN)
 陳 板 山

Race
 CHINESE

Date of birth
 12-05-1973

Sex
 M

Country of birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
 S7316623C

Name
 TAN KIET HILL
 (CHEN JISHAN)

Birth Date
 12 May 1973

Issue Date
 14 Nov 2003

000995396H

3439916



NRIC No. S7316623C



Date of issue
 17-11-2003

APT BLK 411A FERNVALE ROAD #05-84
 SINGAPORE 791411

NRIC No. S7316623C Date: 06/05/2011 No. 6752714

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles <= 300 CC	13 Oct 1989
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	23 Jun 1993
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Mar 2011
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	27 Apr 2011

S7316623C S/No. 9000146444

NP 428A

Licence No: S7316623C



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091887996	FERME VEHICLES RENTAL LLP	T17LL0525A	GFT	drivo CLASSIC	SLU5963K	SLU5963K	13/12/2017	

Continue

▼ **Policy Information**

Policy No.	5091887996	Policyholder Name	FERME VEHICLES RENTAL LLP	Policyholder NRIC	T17LL0525A
Address	105 PETIR ROAD #12-13 FORESQUE RESIDENCES SINGAPORE 678274				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/06/2017	Effective Date	13/06/2017 00:00	Expiry Date	12/06/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	105 PETIR ROAD	Address 2	#12-13 FORESQUE RESIDENCE	Address 3	SINGAPORE 678274
Address 4		Address Type	Singapore address	Post Code	678274
Unit No.	12-13	Related Policy Number	5095456924		

▶ **Insured Object: SLU5963K**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/06/2017 00:00	Basic Information Endorsement	000001286578052	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Jun 2017, the Original Registration Date is amended as follows: ORIGINAL REGISTRATION DATE: 02 Oct 2009
2	15/08/2017 00:00	Basic Information Endorsement	000001286619847	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLR3935X 18-08-2017 \$1,209.60 In view of this amendment, an additional premium of \$1,209.60 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and

Claim Handling

Accident MT/0988650

Policy No.	5091887996	Vehicle No.	SLU5963K	GST Registration No.	
Policyholder Name	FERME VEHICLES RENTAL LLP			Policyholder NRIC	T171
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90778739	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	03/04/2018 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	01/04/2018	Time of Accident hh:mm	18:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE BEFORE BRICKLAND EXIT				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	105 PETIR ROAD	Address 2	#12-13 FORESQUE RESIDENCE!	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	678
Unit No.	12-13	Related Policy Number	5095456924		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN KIET HILL (CHEN JISHAN)	Driver NRIC	S7316623C	Driver DOB	12/0
Register Date of Driver License	23/06/1993	Driver Age	44	Driving Experience	24
Contact No.(Mobile)	90778739	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 411A	Address 2	FERNVALE ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	791
Unit No.	#05-84				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	FERME VEHICLES RENTAL LLP	Insured NRIC	T171	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		O1 Vehicle Number	SLU5963K	TP Vehicle Number	JQW	
Claim Description	SLU5963K / JQW3429 ON 1 Apr 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	03/0	
Date Registered	03/04/2018 10:02	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

